

FAMILY NAME	REGISTRATION NO.	ENTERED PS	DPM	LETTER
		DATE OF REGISTRATION _____		
REGISTERED BY _____				

SAINT JOSEPH PARISH REGISTRATION

FAMILY LAST NAME

FAMILY GROUP CONTACT INFORMATION

NAME FOR MAILING

EXAMPLES: MR. & MRS. JOHN DOE / MR. JOHN DOE / MS JANE DOE

COMPLETE HOME ADDRESS

HOME PHONE

FAMILY E-MAIL ADDRESS

Supply one e-mail address that may be used to contact the family as a group.

INDIVIDUAL MEMBER INFORMATION

MEMBER 1

MEMBER 2

1 MEMBER'S COMPLETE NAME

2 MEMBER'S COMPLETE NAME

MR./MRS./MS/MISS	
FIRST	
MIDDLE	
LAST	
if applies SUFFIX	
if applies MAIDEN NAME	
if applies NICK NAME	
GENDER	
DATE OF BIRTH	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED
FAMILY ROLE	<input type="checkbox"/> SOLE HEAD OF THE HOUSEHOLD <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE
EDUCATION	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> BACHELORS <input type="checkbox"/> 13 YRS. + <input type="checkbox"/> DOCTORATE <input type="checkbox"/> ASSOCIATE
OCCUPATION	
CELL PHONE	
WORK PHONE	
PERSONAL EMAIL	
RELIGION	
SACRAMENT	RECEIVED
BAPTISM	
RECONCILIATION	
FIRST EUCHARIST	
CONFIRMATION	

MR./MRS./MS/MISS	
FIRST	
MIDDLE	
LAST	
if applies SUFFIX	
if applies MAIDEN NAME	
if applies NICK NAME	
GENDER	
DATE OF BIRTH	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED
FAMILY ROLE	<input type="checkbox"/> SOLE HEAD OF THE HOUSEHOLD <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE
EDUCATION	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> BACHELORS <input type="checkbox"/> 13 YRS. + <input type="checkbox"/> MASTERS <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> DOCTORATE
OCCUPATION	
CELL PHONE	
WORK PHONE	
PERSONAL EMAIL	
RELIGION	
SACRAMENT	RECEIVED
BAPTISM	
RECONCILIATION	
FIRST EUCHARIST	
CONFIRMATION	

MARRIAGE — IF MARRIED INDICATE

CATHOLIC MARRIAGE
 OTHER FAITH — PLEASE STATE
 CIVIL MARRIAGE

DATE _____ CHURCH OR LOCATION _____

DEPENDENT INFORMATION

For a dependent *child age 16 and under* a complete sacrament record is requested. Please submit a copy of the Baptism Certificate and certificates for other sacraments that have been received. The information will be recorded and become a permanent part of your family record on our database.

DEPENDENT CHILD 1

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <small>SON / DAUGHTER / OTHER</small>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.
BAPTISM

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION
DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST
DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION
DATE OF CONFIRMATION AND CHURCH

DEPENDENT CHILD 2

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <small>SON / DAUGHTER / OTHER</small>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.
BAPTISM

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION
DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST
DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION
DATE OF CONFIRMATION AND CHURCH

DEPENDENT CHILD 3

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <i>SON / DAUGHTER / OTHER</i>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD BAPTISM

FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION

DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST

DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION

DATE OF CONFIRMATION AND CHURCH

DEPENDENT CHILD 4

FIRST					
MIDDLE					
LAST					
FAMILY RELATIONSHIP <i>SON / DAUGHTER / OTHER</i>					
GENDER	AGE	DATE OF BIRTH	CITY / STATE OF BIRTH		
SCHOOL ATTENDING				CURRENT GRADE	
RELIGION	RELIGIOUS EDUCATION		<input type="checkbox"/> AT SCHOOL	<input type="checkbox"/> PARISH REL ED	<input type="checkbox"/> OTHER

SACRAMENT RECORD BAPTISM

FOR CHILDREN AGE 13 AND UNDER, COPIES OF THE SACRAMENT CERTIFICATES ARE REQUESTED.

DATE OF BAPTISM AND CHURCH

FIRST RECONCILIATION

DATE OF RECONCILIATION AND CHURCH

FIRST EUCHARIST

DATE OF FIRST EUCHARIST AND CHURCH

CONFIRMATION

DATE OF CONFIRMATION AND CHURCH

DEPENDENT ADULT LIVING WITH THE FAMILY

MR./MRS./MS/MISS	
FIRST	
MIDDLE	
LAST	
<i>if applies</i> SUFFIX	
<i>if applies</i> MAIDEN NAME	
FAMILY RELATIONSHIP	
GENDER	
DATE OF BIRTH	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED
EDUCATION	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> 13 YRS. + <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE
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PERSONAL EMAIL	
RELIGION	
SACRAMENT	RECEIVED
BAPTISM	
RECONCILIATION	
FIRST EUCHARIST	
CONFIRMATION	
RCIA	